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**ACUTE SEPTIC ARTHRITIS AND SPONDYLODISKITIS IN CHILDREN IN CRETE,  
GREECE: A 2-YEAR RETROSPECTIVE STUDY**

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**OBJECTIVE:** The epidemiology, microbiology and clinical management of children with septic arthritis and spondylodiscitis treated in our Department during the last two years, were evaluated. **METHODS:** Retrospective review of the medical records of all children with a bacteriologically and /or radiologically confirmed diagnosis, hospitalized from 01/01/2001 to 31/12/2002. **RESULTS:** Seven children with acute septic arthritis (5 boys and 2 girls, median age 2,5years, range 14 months-6years) and 2 children with spondylodiscitis (one girl 13 months and one boy 12 years of age) were studied. Median duration of disease prior to hospitalization was 2 days (range 1-20); ESR (1st hour in mm; median 78, range 40-109) and CRP (mg/l; median 97, range 45-180) were elevated in 100% of the patients; WBC ( $\times 10^9/l$ ; median 12; range 6-23) in 78%. Blood cultures, performed in all patients, yielded 6 positive results (86%); Staphylococcus aureus (n=4), Streptococcus pyogenes (n=1) and Streptococcus pneumoniae (n=1). Radiological findings were observed in 3 out of 9 plain radiographs (33%), 5 out of 5 <sup>99m</sup>Tc-labeled bone scans (100%) and 3 out of 3 MRI (100%). All patients were non-surgically treated, the median duration of intravenous antibiotic therapy was 10 days, with a median duration of total antibiotics 22 days. The long term outcome was favorable in all patients. **CONCLUSION:** Our data indicate that most valuable diagnostic procedures are bone scan or MRI. However, ESR and CRP are very valuable supportive laboratory parameters. The benign long-term outcome may well be related to quick admittance in the hospital and appropriate antibiotic treatment.